

**Department of Health and Family Services  
Office of Strategic Finance**

PO Box 7850  
Madison WI 53707-7850  
Phone (608) 266-3816  
Fax (608) 267-0358

**Date:** October 12, 2001

**To:** Family Care CMO Directors  
Family Care Resource Center Directors

**From:** Monica Deignan, Family Care Program Manager  
Center for Delivery Systems Development

**Subject:** Ability to Offer Entitlement to Family Care

The Family Care statute requires that within 24 months after the Family Care benefit became available in the county, the Department shall assure that sufficient capacity exists to provide the Family Care benefit to all entitled persons in the county (46.286(3)[c]). Entitlement also has implications for the eligibility and enrollment process, and involves the Resource Center, Economic Support and the Enrollment Consultant as well. The recertification process for CY 2002 Health and Community Supports contract, particularly the review of the CMO's service capacity and provider network, will focus on an assessment of the CMO's ability to provide the Family Care benefit to all entitled persons by that date, which in your county is <<date>>.

We are very interested in getting the assessment of both the CMO's and Resource Center's ability to provide the entitlement by that date, and this memo is meant to begin that discussion.

Although it is difficult to quantify all the different aspects of what it means to be able to provide the Family Care benefit to all entitled persons, it certainly includes the following:

1. Timeliness of access to the benefit. All applicants shall have an enrollment date set within 30 days of application for the FC benefit. The enrollment date will be set in consultation with the enrollee, either by the Resource Center or by the Enrollment Consultant, depending on local process. The date of application is defined as follows:
  - For new applicants who have not had either functional or financial eligibility determined, the application date is the Medicaid file date.

- For applicants who are already eligible for Medicaid, the application date is the date of referral for the LTC Functional Screen, which is recorded on the web-based version of the screen. Although it shall not take longer than 30 days to set an enrollment date for these individuals, it will probably often be possible for enrollment to occur in less than 30 days.
  - After entitlement, there will be no ability to set a delayed enrollment date, or to enroll people only when capacity has been developed for them to move out of an institutional setting. For people already eligible for the benefit, and interested in enrolling in Family Care, such as nursing home residents who are at a NH level of care and eligible for Medicaid, enrollment should occur as quickly as possible within the 30-day time limit.
2. Outreach to residents of nursing facilities. Within 6 months of the entitlement date in your county, the Resource Center is required to provide information about its services and the Family Care benefit to all persons in the Family Care target groups who are residents of nursing homes, CBRFs AFHs and RCACs in the county. (Although current statutory language does not apply this requirement to the developmental disabilities target group, it is anticipated that language requiring this will be submitted to the legislature and may be in effect by the time that Resource Centers are engaged in this outreach). Any of these individuals wishing to enroll in the CMO must be able to do so within the timeframes outlined in #1 above. We will be discussing your Resource Center's capacity for this outreach requirement and capacity for timely eligibility determination and enrollment between now and the end of 2001.
  3. Service Capacity. The CMO must show that it has done an analysis of the needed capacity for case management, housing and residential services, direct care workers, transportation, and other services in the benefit package for the enrollment it is expected to have on the entitlement date and beyond. We will be discussing your CMO's service capacity during the re-certification/re-contracting process, including your ability to provide enough interdisciplinary team time for adequate assessment and care planning of new enrollees and adequate on-going case management between now and the end of 2002. According to your enrollment projections, your CMO will need to have capacity to serve \_\_\_\_ members on your entitlement date of \_\_\_\_, and \_\_\_\_ members by the end of 2002.

We request that Resource Centers inform us in writing by November 12, 2001 of any concerns you have with providing timely access to the Family Care benefit.

We request that CMOs inform us in writing by November 12, 2001 either that: (1) you do anticipate that your CMO will be able to provide the entitlement to the Family Care benefit package by <<date>>, and a description of the process whereby you arrived at that conclusion; or that (2) you have some concerns about your ability to do so, and specifically what those concerns are.

Please send this information to:

Beth Hadley  
DHFS-OSF-CDSD  
P.O. Box 1379  
Madison, WI 53701-1379  
E-mail: [hadlebd@dhfs.state.wi.us](mailto:hadlebd@dhfs.state.wi.us)

The County Long Term Care Council has a statutory responsibility to make a recommendation to the state as to whether additional CMO capacity is needed in the county. If there are concerns about your CMO being able to provide the entitlement, we will work with the CMO and Local Long Term Care Council to identify potential solutions.

If you have any questions or concerns about this memo, please contact me at 608/261-7807 or e-mail me at [deignma@dhfs.state.wi.us](mailto:deignma@dhfs.state.wi.us).

cc: County Departments of Aging, Human Services, and Social Services Directors  
Local Long Term Care Council Chairpersons  
Family Care Manager's Team